

**Speech-Language Pathology and Audiology Board**

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825-3204

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668

www.slpab.ca.gov



REQUEST FOR ADDRESS CHANGE

You must fax or mail the completed form to the Board.

Please Print

Name

License Number

Social Security Number

Old Address

New Address

Telephone Number

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

Title 16 California Code of Regulations section 1399.157.2 requires each person holding or having a license, registration, or application on file with the board notify the board in writing of a change of address within 30 calendar days.